

James Elwood Askins
 Died at ^{Town} Sudlersville ^{County} 2. Anne MARYLAND
 Date 1902 ^{Month} Aug ^{Day} 24 ^{Age} - 10 - - ^{Native of} Md. ^{Occupation} _____
 Male ^{Female} ^{Married} ^{Widow} ^{Single} ^{Number of children living} _____
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband of _____
 Wife _____
 Father's Name Charles J. Askins Mother's Name Etta Ashley.
 Maiden Name _____

Cause of Death { Primary Probably lack of care How long sick 29 days
 Immediate Sepsis Pyæmia Father 1 day
 _____ monther
 _____ Accident, Suicide, Homicide

Reported by G. W. Simmons, M. D.
 Address Sudlersville Md.



Name
in
Full

Loyalton Andrew Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Winchester		County Queen Anne's		MARYLAND	
Date of death 190	2	Month August	18	Day Monday	Age	Years	Months 2
Sex boy		Color or Race		White		Birth- place Winchester	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Harry Andrew Baker			
Mother's Maiden Name				Agnes Ethel Summers			
Name of person giving In formation				Agnes Ethel Baker			
Father's Birthplace				Queen Anne's			
Mother's Birthplace				Queen Anne's			
How related to deceased				Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	whooping cough &	How long	3 weeks
Immediate	do	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Therwood S. H. D.	
		Address	
		Winchester	
Accident or Suicide?		Md.	

Queenstown, Md. ∴

Queenstown, Md,
Queenstown, Md,
Queenstown, Md,

Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

M.

D.

Native of

Occupation

02 Aug 9

Age

8.13

md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Child of Howard Brown

Town Keen Island County Queen Anne's MARYLAND

Died at

Date 1902 Aug 14 Age 1 1 1

Month Day Y. M. D. Native of Occupation

Male ~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband of

Wife

Father's Name Howard Brown Mother's Maiden Name Bessie Heath

Cause of Death { Primary Bad cough or Immediate loss of } How long sick 15

Reported by H. C. Thompson undertaker

Address Keen Island Queen Anne's Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

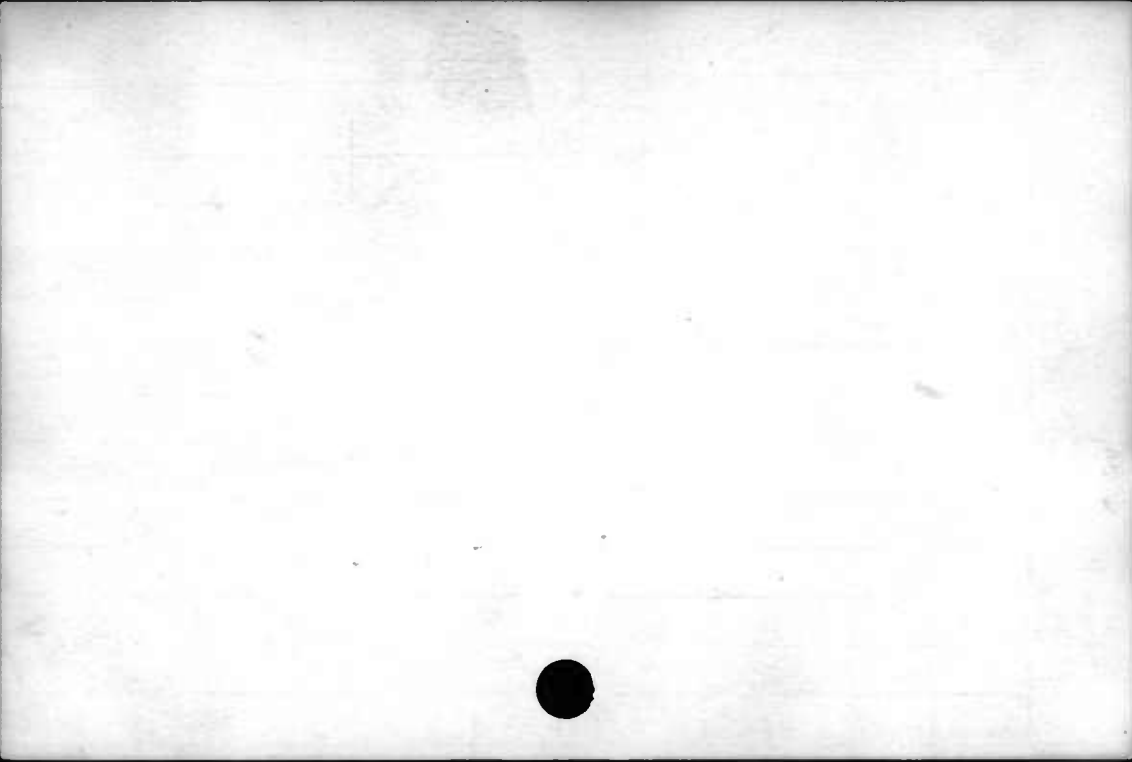
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jessie Brown</i>		County <i>Queen Anne</i>		MAYLAND	
Died at <i>Winchester</i>		Years <i>26</i>		Months <i>1</i>	Days <i>10</i>
Date of death 1902	Month <i>8</i>	Day <i>26</i>	Age		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Winchester</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>X X</i>			
Name of Wife or Husband <i>X X X</i>					
Father's Name <i>George Burlett</i>		Father's Birthplace <i>Winchester</i>			
Mother's Maiden Name <i>Jessie Brown</i>		Mother's Birthplace <i>Winchester</i>			
Name of person giving information <i>Alfred G. Brown.</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since birth</i>
Immediate <i>105</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Llewellyn</i>
	Address <i>Winchester, Md</i>
Accident or Suicide? <i>—</i>	



Henry W. Clark

Town

County

Died at Queen Anne Queen Anne.

MARYLAND

Date 1902 Aug 30 Y. M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Harry W. Clark Mother's Maiden Name Annie Anderson

Cause of Death Primary Gastro Enteritis How long sick 12 weeks.

Death Immediate Convulsions. Dumbness Accident, Suicide, Homicide

Reported by Dr. H. J. Miller

Address Millstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

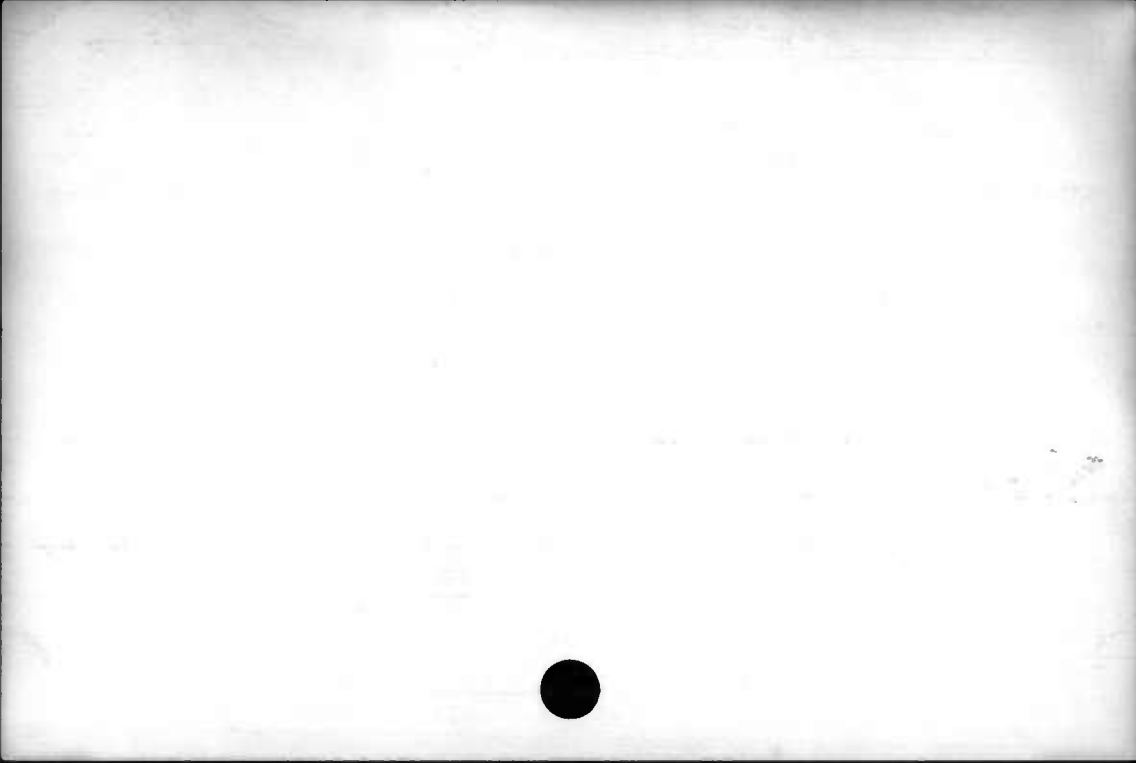
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hydens St.</i>		Town <i>Hydens St.</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death 190 <i>4</i>	Month <i>Aug</i>	Day <i>25</i>	Age <i>1</i>	Years <i>1</i>	Months <i>4</i>	Days <i>2</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Hydens St.</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Frank Copper</i>				Father's Birthplace <i>Easton Md</i>			
Mother's Maiden Name <i>Emma Gibbs</i>				Mother's Birthplace <i>Hydens St.</i>			
Name of person giving information <i>Frank Copper</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 1/2</i> 8 month
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>No</i>	Signature of Physician <i>M. G. Coppage</i>
	Address <i>Church Hill Md</i>
<i>Accident or Suicide?</i>	



Name in Full

Certificate of Death

Lucy Dawson

Town

County

Died at Burrisville Queen Anne's Co.

MARYLAND

Date 1902 Month 8 - Day 10 Age 85 - Y. M. D. - Native of Virginia Occupation none

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored Single Widower Number of children living 6

Husband of Wife

Chas. H. Dawson

Father's Name Mother's Name

Carter Maiden Name

Cause of Death Primary Old age 154 How long sick about a week

Death Immediate Accident, Suicide, Homicide

Reported by Robt. W. Edkins

Address Centreville Md over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Information given by sons
of Deceased. Had no doctor
since February 1902

R. W. Eddins

Name in Full

Certificate of Death

G. Luther Newman Dill

Died at ^{Town} 2 seen ^{County} Ames MARYLAND

Date 1902 8-12 Age 1 - 4 Native of 2. A. Co. Occupation none

Male White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of _____
 Wife _____

Father's Name James Dill Mother's Maiden Name Nancy A Dill

Cause of Death { Primary Hooping Cough
 Immediate " " } How long sick 30 days
 Accident, Suicide, Homicide

Reported by R. W. Eddins
 Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Information obtained through
Father attended by Dr. Dudley
of Church Hill. and who
had not seen the child for several
days. R. W. Eddins
undertaker

Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

Town

County

Month Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Female

Colored

Single

Widower

Number of children living

Mother's

Maiden Name

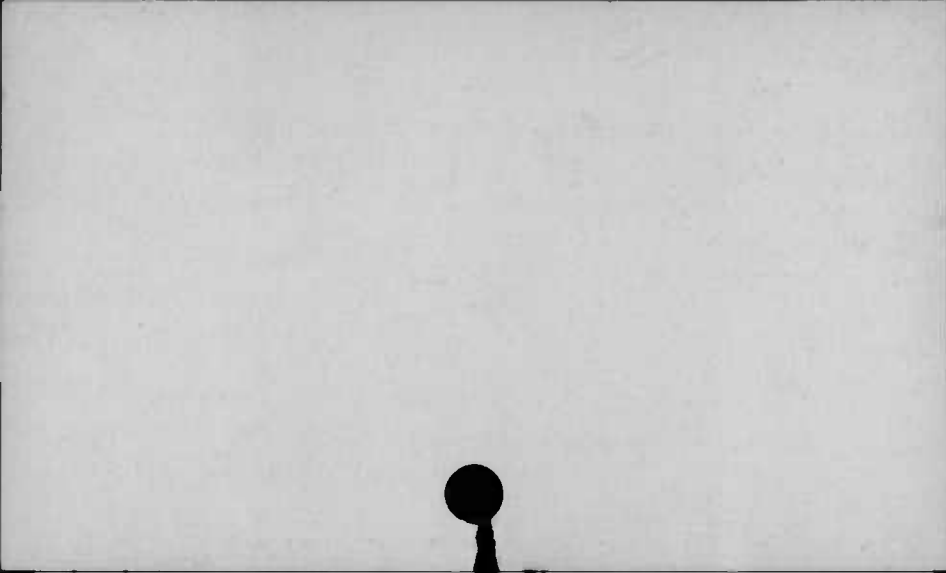
Primary

Immediate

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at *Thursby & Co*
 Town *Ingleside* County *Queen Anne* MARYLAND
 Date 19 *02* Month *8* Day *4* Age *90* M. *-* D. *-* Native of *Me d* Occupation *Farmer*
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living *+*

Husband of *Annie G. Givens*
 Wife

Father's Name *—* Mother's Maiden Name *—*

Cause of Death { Primary *Bright Disease* How long sick *1 yr*
 Immediate *Exhaustion* *Accident, Suicide, Homicide*

Reported by *J. - S. G. Givens*

Address *Lewisville Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Walter Good

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Home No. 100</i>		Town <i>Borley</i>		County <i>Sevier</i>		State <i>Miss.</i>	
Date of death 190 <i>2</i>	Month <i>Aug</i>	Day <i>16</i>	Age <i>24</i>	Years	Months <i>5</i>	Days <i>24</i>	
Sex <i>Male</i>	Color or Race <i>African</i>		Birth-place <i>Coraline Co.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Force Hand</i>				
Name of Wife or Husband							
Father's Name <i>Jeremiah Good</i>				Father's Birthplace <i>Coraline Co.</i>			
Mother's Maiden Name <i>Mary Francis Sparks</i>				Mother's Birthplace <i>Coraline Co.</i>			
Name of person giving information <i>Samuel Brock</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Penitentiary</i>	How long	<i>5 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. S. Dudley</i>	
Yes		Address <i>Church Hill</i>	
Accident or Suicide?		<i>Sevier County, Tenn.</i>	



Name
in
Full

CERTIFICATE OF DEATH

Wilbert Gross

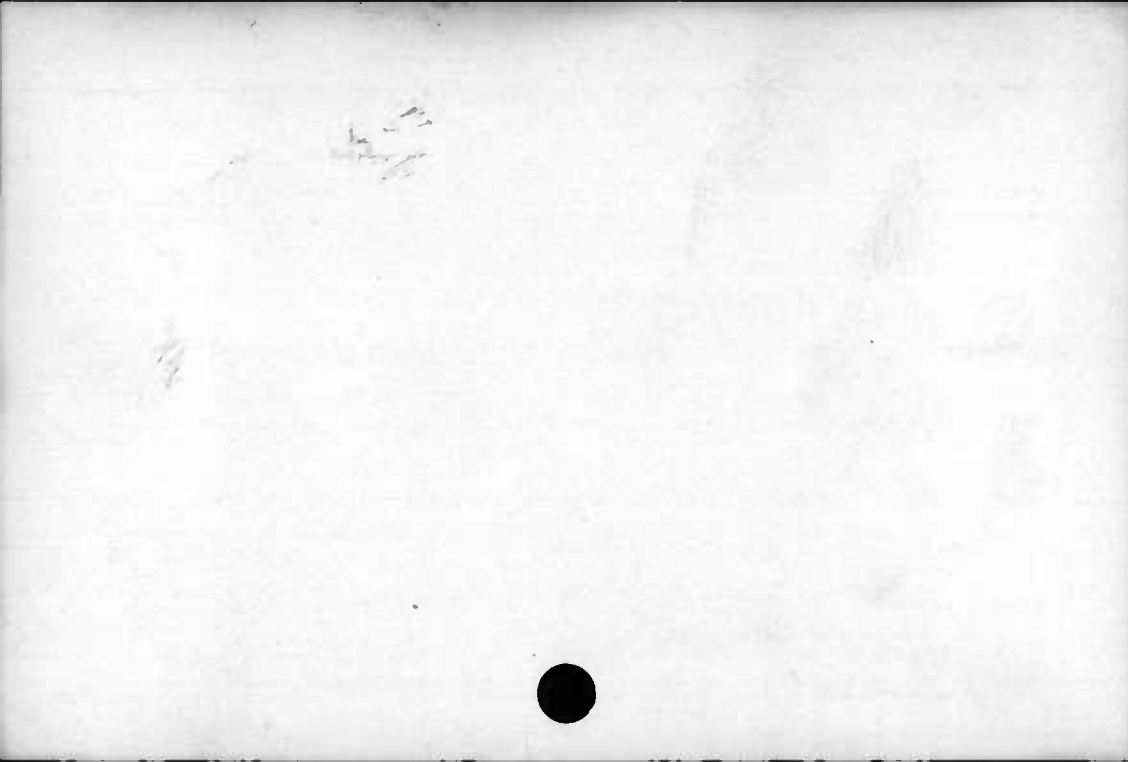
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Years	Months	Days	
Aug		31	2	6			
Sex	Male	Color or Race	colored	Birth-place	Lanham		
Married, Single or Widowed	single			Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Emory Gross				Md.			
Mother's Maiden Name				Mother's Birthplace			
Maggie Watkins				Md.			
Name of person giving information				How related to deceased			
Emory Gross				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping cough	How long	3 weeks
Immediate	taken cold	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		None	
		Address	
		J. G. Drayon	
		Wm. Chetaker	
Accident or Suicide?			



Name in Full

Certificate of Death

Bilbur Hoffercher
 Town County

Died at

MARYLAND

Died at *hon. Crumpton, D.C.*
 Month Day Y. M. D. Native of Occupation
 Date 1902 *Aug. 4th* Age *20. 2. 7* *2, C. C. Co. D.* —
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary

Death Immediate

How long sick

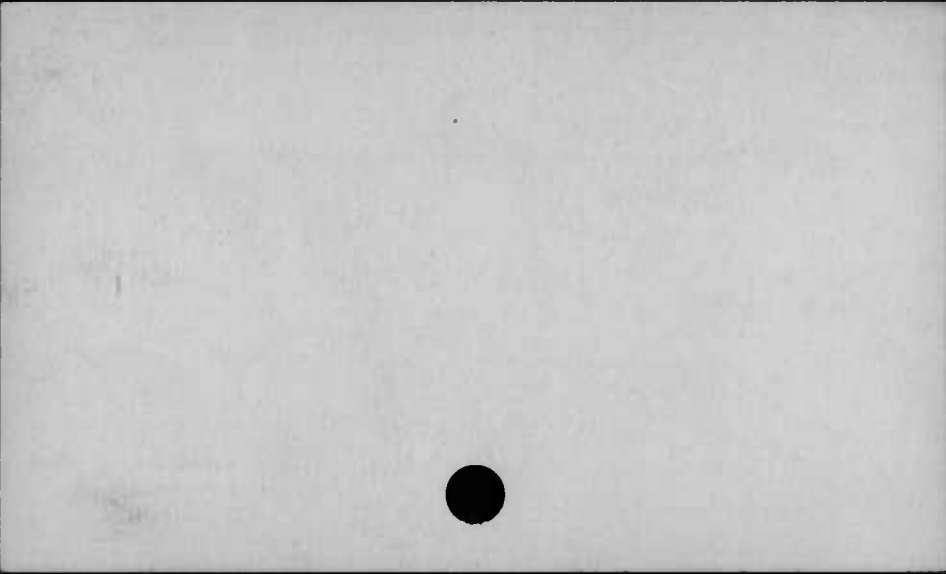
seems to be about 10 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Emma Lums* Town *Staw* County *Queen Anne's* MARYLAND

Died at *Staw*

Date of death 1902 *Aug* Month *30* Day Age *38* Years Months Days

Sex *Female* Color or Race *White* Birth-place

Married, Single or Widowed *Married* Occupation *Housewife*

Name of Wife or Husband *Emma Lums*

Father's Name *Sam. Gaster* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *W D Troy MD* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Peripartum* How long *134*

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W D Troy MD*

Address *Centerville MD*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1902		Aug	30	Age	8	2	
Sex	Female	Color or Race	White	Birth-place	Kent Island		
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	105
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John P. Bouton
		Address	Kent Island
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i>		Town <i>Queen Anne</i>		County		MARYLAND	
Date of death 190	2	Month	Aug.	Day	25	Age	75
Sex	Female		Color or Race	Colored		Birth-place	Maryland
Married, Single or Widowed	Married		Occupation	Housewife			
Name of Wife or Husband	Henry Mason						
Father's Name						Father's Birthplace	
Mother's Maiden Name	Lizzie Carmichael					Mother's Birthplace	
Name of person giving information	Henry Mason					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>Sick about 3 weeks.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>		
Signature of Physician	<i>J. G. Coffey</i>		
Address	<i>Church Hill Md.</i>		
Accident or Suicide?			

General Counciling -

Name In Full

Certificate of Death

Mary Catherine Milliner

Town

County

Died at

Kent Island

Queen Annes

MARYLAND

Date 1964

Month

Day

Y.

M.

D.

Native of

Occupation

8

6

Age

1

14

None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~~~Husband~~
of
~~Wife~~

Father's

Name

R R Milliner

Maiden Name

Mother's

Blanch G Lowman

Cause of

Primary

Summer Complaint

How long sick

One week

Death

Immediate

Accident, Suicide, Homicide

Reported by

R R Milliner - The Father

Address

Normans P D

Queen Annes Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Margaret F. Moore

Town

County

Died at Paces Island - Inland -

MARYLAND

Date 1902 Aug. 12th Y. M. D. Age 49 yrs. Native of Delaware Occupation
 Female White Married Widow Divorced
 Single Widower Number of children living 9

Husband
 of

Wife David J. Moore

Father's Name James Sherwood Mother's

Name Maiden Name Ruth Reed

Cause of Primary

How long sick

60 & hours

Death

Immediate

Apoplexy

Accident, Suicide, Homicide

Reported by W. Adams M.D.

Address Nye Mills Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Capt John H Oymon

Town

County

Died at

Cumberland

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

8

14

Age

74

2

14

Md

Grain merchant

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Bronchial Catarrh of Lungs

Cerebral Hemorrhage

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas E Parks

CERTIFICATE OF DEATH

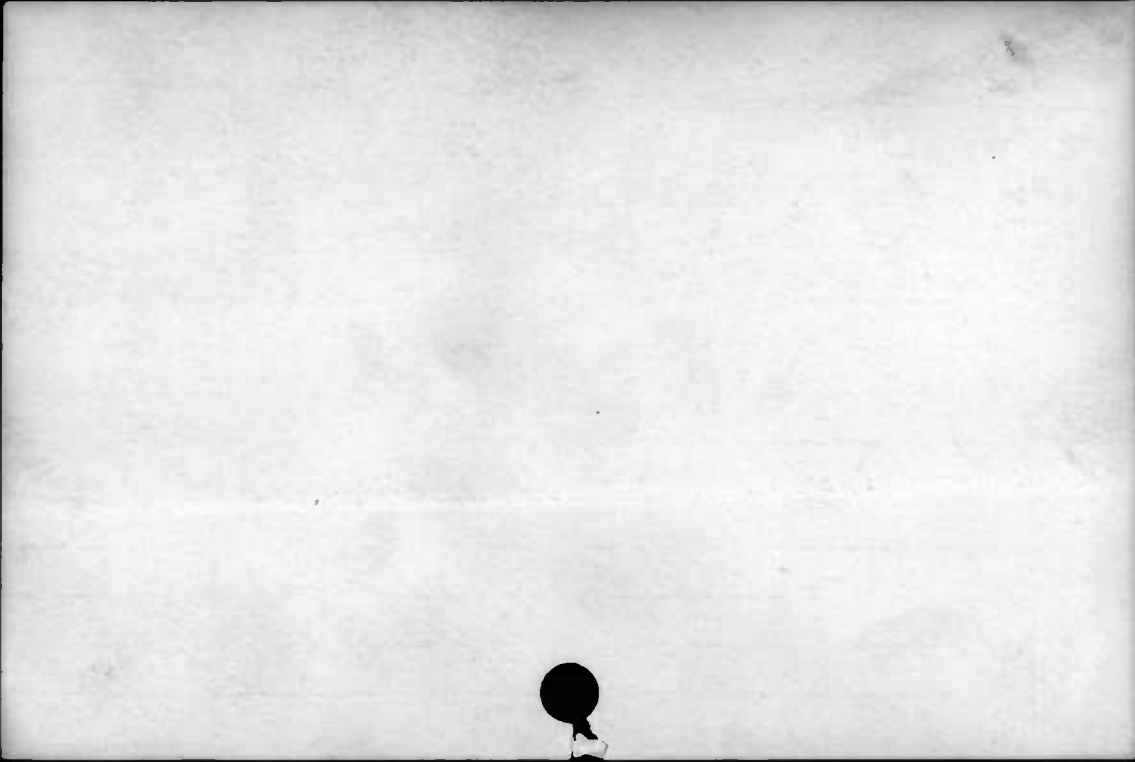
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years		Months	Days
of death 1902		Eight	26	Age 84			
Sex	male		Color or Race	white		Birth-place	Somerset Co
Married, Single or Widowed	widowed		Occupation	Sailor			
Name of Wife or Husband	Emeline Parks						
Father's Name	Henry Parks					Father's Birthplace	Somerset Co
Mother's Maiden Name						Mother's Birthplace	" "
Name of person giving information	Thomas E Parks					How related to deceased	son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
General Debility	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	J. H. W. Beall M.D.
	Address
	Porter Shore Md
Accident or Suicide?	



Name in Full

Certificate of Death

William H. Roe

Died at ^{Town} near Centerville ^{County} Queen Anne's

MARYLAND

Date 1902 ^{Month} 8 ^{Day} 21 | Age ^{Y.} 69 ^{M.} 11 ^{D.} 14 | Native of Md | Occupation Farmer

Male ☒ ~~Female~~ | White ☒ ~~Colored~~ | Married ☒ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 11

Husband of Isabel H. Roe

Father's Name _____ Mother's Name 79

Maiden Name _____

Cause of Death { Primary Mitral Insufficiency | Immediate Cerebral Hemorrhage

How long sick 10 yrs

Accident, Suicide, Homicide

Reported by

Address

Isaac H. Roe Md
Queen Anne Co
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name In Full

Certificate of Death

Henry Scott

Town

County

Died *near Crumpton* *Queen Anne's*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 29

Age

9

Md.

Male

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Geo Scott

Mother's

Maiden Name

Mary E. Senney

Cause of

Primary

Cholera Infantum

How long sick

5 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Walter G. Wallis M.D.

Address

Crumpton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Clara Pearl Slaughter

Died at ^{Town} Centreville ^{County} Queen Anne MARYLAND

Date 19 02 ^{Month} 8 ^{Day} 12 ^{Y.} 4 ^{M.} 13 ^{D.} 13 ^{Native of} Ind ^{Occupation} _____

~~Male~~ ^{Female} Female ^{White} White ^{Married} Single ^{Widow} Widow ^{Divorced} Divorced ^{Number of children living} _____

Husband of _____
 Wife _____
 Father's Name Geo. Slaughter ^{Mother's Maiden Name} Ello L. Smith

Cause of Death ^{Primary} Cholera Infantum ^{How long sick} _____
^{Immediate} Immediate ^{Accident, Suicide, Homicide} _____

Reported by Esobley H. H. H. M.D.
 Address Queen Anne Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Joseph Edwin Smith

Town

County

Died at Near Mc Guinness

Queen Anne MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Aug 28

Age 20 5 8

Md

Farmer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Joseph Henry Smith

Nancy Logan

Cause of

Primary

Typhoid Fever

How long sick

2 weeks

Death

Immediate

Perforation of Bowels

~~Accident, Suicide, Homicide~~

Reported by

J. A. Sheppard M.D.

Address

Crumpton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

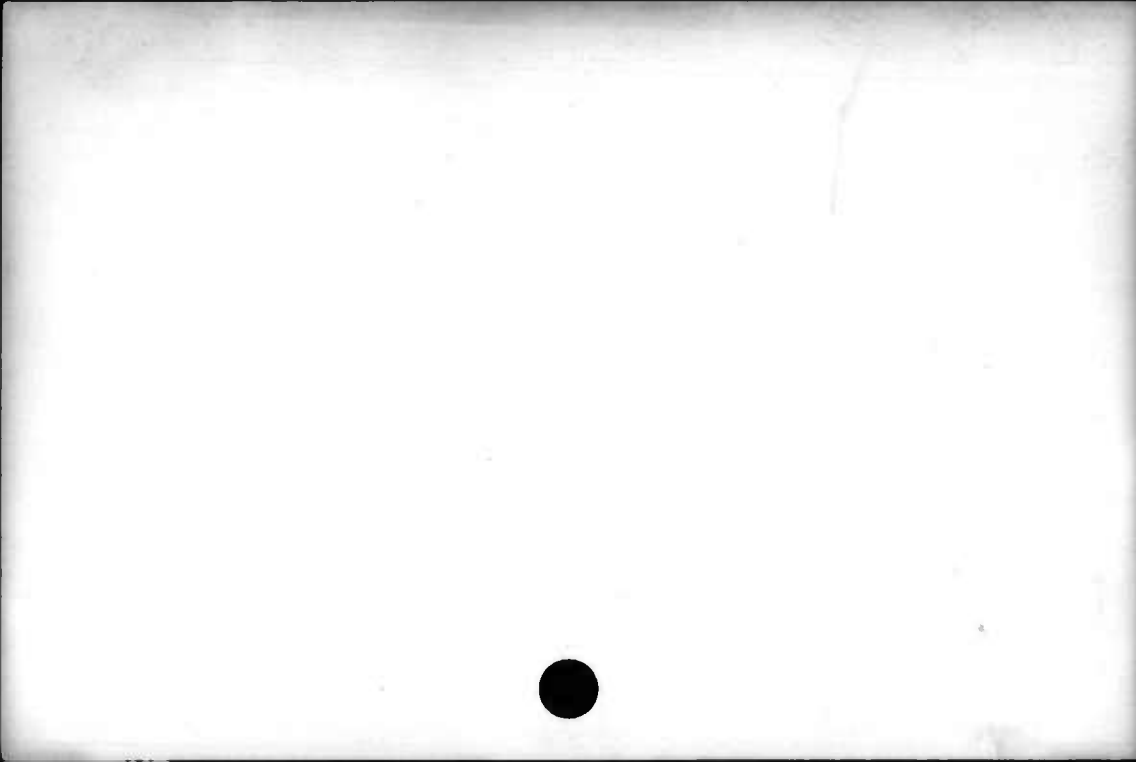
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middleburg</i>		Town <i>Middleburg</i>		County <i>20th</i>		MARYLAND	
Date of death 1902	Month <i>Aug</i>	Day <i>5</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>5</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Middleburg</i>				
Married, Single or Widowed <i>Single</i>			Occupation				
Name of Wife or Husband							
Father's Name <i>Middleburg South</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary Collins</i>				Mother's Birthplace <i>LI</i>			
Name of person giving information <i>Middleburg South</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mal nutrition</i>	How long <i>2 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas Corkey M.D.</i>
	Address <i>Queenstown</i>
Accident or Suicide?	



Name in Full

Certificate of Death

David Nelson Sparks

Town

County

Died at

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

8

14

Age

7

Sea

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Harrison

105

How long sick

54 months

Accident, Suicide, Homicide

Reported by

Saml. Graham M.D.

Address

Inglewood

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 1902 Aug 1 Month 8 Day 1 Y. 42 M. 10 D. 1 Native of Maryland Occupation Domestic

Male White Married Widow Divorced Number of children living

Female Colored Single Widower

Husband of

Wife

Father's Name Gurvey Tarkenton Mother's Name Effie Tarkenton

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Date 19

Male

Female

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ruford Thomas

Town

County

Centerville

Queen Anne's

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

02 Aug 3

Age

7-19-0

Married

Widow

Divorced

White

Colored

Single

Widower

Number of children living

Mother's

Maiden Name

Mary Thomas

Primary

Immediate

Meningitis

How long sick

4 days

Accident, Suicide, Homicide

W. D. Troop

Centerville

61

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902	Month 8	Day 20	Age	Years 28	Months	Days	
Sex	Female		Color or Race	Negro		Birth- place	Barclay
Married, Single or Widowed	Married			Occupation			
Name of Wife or Husband		William Turner					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				DO		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Subsidiary		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name in Full

Certificate of Death

Town *Mar Centerville* County *Ind*
 Name in Full *Wm J Willis Sr*

Died at *Mar Centerville*

MARYLAND

Date *1902* Month *8* Day *18* Age *73* Y. *6* M. *6* D. *6*
 Native of *Ind* Occupation *Farmer*
 Male *Female* White *Colored* Married *Single* Widowed *Widower* Divorced *9*
 Number of children living *9*

Husband of *_____*Wife *_____*Father's Name *_____*Mother's Name *_____*Maiden Name *_____*

Cause of Death { Primary *Apoplexy* Immediate *Septicemia* }
 How long sick *6 months*
 Accident, Suicide, Homicide *121*

Reported by *Emm Kraus MD*Address *Centerville Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

